

# APPLICATION FOR LAKE COUNTY SEARCH AND RESCUE TEAM

**GENERAL INSTRUCTIONS:**

**Information is protected under the Privacy Act Statement.**

- 1) Type or hand print an answer to every question appearing below. If questions do not apply, so state with N/A.
- 2) If space available is insufficient, use another piece of paper for your answers.
- 3) Please furnish with your application, copies of all records pertaining to your qualifications.

POSITION APPLIED FOR:

DATE OF APPLICATION:

**NAME:** (First, Middle, Last)

MALE  
( )

FEMALE  
( )

TRAINING RECEIVED RELEVANT TO POSITION APPLIED FOR:

OTHER SKILLS:

PRESENT ADDRESS:

CITY:

STATE

ZIP CODE

HOME TELEPHONE

**DATE OF BIRTH:**

PLACE OF BIRTH:

MARITAL STATUS:    \_\_\_ MARRIED  
                             \_\_\_ SINGLE    \_\_\_ DIVORCED

HEIGHT:

WEIGHT:

COLOR HAIR:

COLOR EYES:

U.S. CITIZEN    \_\_\_ NATIVE  
                             \_\_\_ NATURALIZED

**SOCIAL SECURITY NUMBER:**

PLACE OF PRESENT EMPLOYMENT:

ADDRESS OF EMPLOYER:

CITY:

STATE

ZIP CODE

WORK TELEPHONE

**PLEASE STATE BELOW WHY YOU WANT TO BECOME A MEMBER OF THE LAKE COUNTY SEARCH AND RESCUE TEAM:**

HAVE YOU BEEN CONVICTED ON ANY DRUG, ALCOHOL OR TRAFFIC RELATED CRIMINAL OFFENSES WITHIN THE PAST 3 YEARS?

( ) YES    ( ) NO

*If Yes provide details to the right.*

OFFENSE(S) CONVICTED OF:

DATE:

WHOM TO NOTIFY IN CASE OF ACCIDENT:

.....

EMERGENCY POC

TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**UNDERSTANDING**

By Signing this form, I am stating that I have read and understand the Constitution and Bylaws of the Lake County Search and Rescue.

**CONSENT**

I understand that a Lake County Governing Body official will conduct a Driving/Criminal Record Investigations as part of the application process and that I will pay for the cost of the investigation.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE SIGNED)